

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS351AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2008
NAME OF PROVIDER OR SUPPLIER REGENCY PALMS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3985 PEARL STREET LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the complaint survey conducted in your facility on 12/05/08 & 12/09/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 64 Residential Facility Beds for Elderly or Disabled Persons, 54 Beds Category I and 10 Beds Category II.</p> <p>The census at the time of the survey was 47 residents, 37 Category I residents and 10 Category II residents.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint # NV18949 was unsubstantiated .</p> <p>Complaint # NV18220 was substantiated with deficiencies that were unrelated to the complaint.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 450 SS=D	<p>449.231(1) First Aid and CPR</p> <p>NAC 449.231</p> <p>1. Within 30 days after an administrator or caregiver of a</p>	Y 450		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 450	Continued From page 1 residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 1 of 5 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (#4). Findings include: Review of Employee #4's (hire date 10/10/08) file on 12/9/08 revealed the lack of documented evidence of CPR and first aid training. Severity: 2 Scope: 1	Y 450			
Y1001 SS=D	449.2758(1) Training Requirements NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for	Y1001			

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Y1001	<p>Continued From page 2</p> <p>elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 1 of 5 employees (#5).</p> <p>Findings include</p> <p>Review of Employee #5's (hire date 07/15/08) file on 12/9/08 revealed the lack of documented evidence of at least 4 hours of training for caring for elderly or disabled persons.</p> <p>Severity: 2 Scope: 1</p>	Y1001			

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